

WISCONSIN
SENIORCARE

PO BOX 6710
MADISON WI 53716 0710

NOTICE OF DECISION
State of Wisconsin
Dept. of Health and Family Services

Date: 03/18/05
Name: Client A Name
Case Number: 123456789

Si requiere esta información en
español, llame al 1-800-657-2038

CLIENT A NAME
12345 MAIN STREET
MADISON WI 53555

We have determined that verification of your income is necessary to correctly determine your eligibility level for the SeniorCare program.

Please provide the following written verification as soon as possible, but no later than **MMDDYY**, or your SeniorCare eligibility will be denied or terminated.

Please send a copy of the documents you (and your spouse if living together) used to make your income estimates on the application received on **MMDDYY**, specifically:

- **Gross annual pension/retirement income** received
- **Gross Annual** Interest/Dividends and Capital Gains
- **Annual Net** Self-Employment Income
- **Gross Annual** Earnings or wages from employment
- **Gross Annual** "other" income received, including but not limited to: cash assistance, unemployment compensation, worker's compensation, alimony, support money and rental income.

Acceptable forms of written verification include, but are not limited to, bank statements, tax forms, pay stubs, IRA/Annuity statements, pension statements, employer statements, etc. Please submit **copies** of the income verification. **Please do not** send original documents.

Please contact the SeniorCare Customer Service Hotline at 1-800-657-2038 if you have any questions regarding this request.

Please provide us with the verification by sending it to:

SeniorCare
P.O. Box 6710
Madison, Wisconsin 53716-0710

Sincerely,

The SeniorCare Program